

The fight against Antimicrobial Resistance benefits from Behavioural Insights

Why pay attention to antimicrobial resistance (AMR)?

Antimicrobial agents like antibiotics are essential to treat some human and animal diseases. Microbes, such as bacteria, can develop resistance to antimicrobials meaning that a drug such as an antibiotic is no longer effective in treating the infection. The development of resistance is caused by the incorrect use of these drugs, for example, using antibiotics (which help to treat bacteria) for viral infections like flu, or as a growth promoter in agriculture.

Because of this the world is running out of effective antibiotics to treat infectious diseases, and unless appropriate action is taken, decades of progress in health and medicine risk being undone.

In May 2015, the World Health Assembly (WHA) endorsed a global action plan on AMR and urged all Member States to develop national action plans. WHA72 (May 2019) called for an accelerated implementation.

Why pay attention to Behavioural Insights (BIs)?

Policy-making and implementation, which sometimes rely on assumptions regarding people's reactions to policies, may not take into account how people really behave and what is needed to change someone's behaviour. For instance, it is assumed that patients regularly ask for antibiotics when seeing a doctor. However, there is no clear evidence for this. As long as we do not have a better understanding, raising awareness of a specific topic may not be sufficient to change someone's behaviour.

BIs gather contributions from various disciplines of behavioural science, such as behavioural economics, social and cognitive psychology and anthropology.

BIs provide empirical evidence that allows for anticipating how people will react to specific interventions. They can therefore facilitate policy-making and implementation.



How can BIs accelerate the fight against AMR?

Strategic Objective 1 of the AMR Global Action Plan is to improve awareness and understanding of AMR through effective communication, education and training to address widespread public misunderstanding about AMR. If BIs are taken into account when implementing these elements, they will be more effective and behavioural change will be possible within a shorter period of time.

What are WHO/Europe's priorities regarding AMR and BIs?

Tailoring Antimicrobial Resistance Programmes (TAP)

TAP is a step-by-step guide on how to design and implement a behavioural change intervention for specific target groups in order to contain drivers of AMR. The development of the guide has been coordinated by WHO/Europe in close collaboration with countries and national AMR experts.

TAP includes several steps. It starts with a situation analysis followed by steps to identify target groups and diagnose barriers and drivers of behaviour and ends with implementation and evaluation of the behavioural change intervention.

To be successful, BIs experts emphasize:

1. the importance of acquiring data;
2. segmenting the target audience and analysing their current behaviour;
3. considering the social and cultural context in which behaviour is taking place;
4. utilizing multiple reinforcing channels and different message dosage; and
5. continually measuring input, output, outcome and impact indicators for the interventions.

Analyse situation

Prioritize target group

Conduct research on specific target group

Map behaviour

Segment target group based on mapping

Set objective of intervention

Design and implement

Monitor and evaluate

Achievements so far

Tailoring Antimicrobial Resistance Programmes (TAP)

- 2** pilot projects have been performed in the United Kingdom (addressing the prescription behaviour of general practitioners) and in Sweden (addressing migrants).
- 3** projects are ongoing in Hungary, North Macedonia and Kazakhstan (related to the over-the-counter sale of antibiotics).

WHO/Europe provides the following:

- TAP guide with theoretical background and step-by-step approach
- Technical support for the planning and implementation process
- Country visit during multi-stakeholder meeting
- Reference/access to social science experts
- Small grants for research and hosting multi-stakeholder meeting

Sweden's TAP project as an example (2018)

The aim was to develop messages and identify communication pathways to reach migrants from countries other than Sweden. Two workshops were organized during the planning phase with representatives for ethnic community groups, regional health care providers, researchers, national health care authorities as well as health communicators. One of the main findings was that migrants felt that Swedish doctors discriminate against patients when they do not prescribe antibiotics and instead recommend rest, fluids and self-care.

Interventions, such as movies and group discussions made during the implementation phase, specifically addressed this issue.



Sweden's TAP pilot project as a key to behavioural change



“We compared how people use health care and medicines in Sweden and in their country of origin.”

“This material is not only useful for learning about antibiotics, but also shows how to access health care services and advice in Sweden. That makes it even more useful!”

“The most important thing that I've learned is that I can get advice from pharmacy staff or the national health care web and telephone advice service.”

“It was new to me to see how to get health advice and take care of oneself when ill.”

“We can see that our group has learned a lot!”

(Statements from the target audiences of Sweden's TAP project)

The fight against AMR requires everyone's commitment. Support us by giving this important issue the high priority it deserves, by taking the appropriate decisions and implementing effective measures – and using BIs as an accelerator!

Resources and contact

www.euro.who.int ► Health topics ► Antimicrobial resistance

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